

**TESTMARK Laboratories Ltd.***Committed to Quality and Service*

## CERTIFICATE OF ANALYSIS

Client: Mike Lavallee  
Company: RDSB - Levack Public School  
Address: 69 Young St.  
Sudbury, ON, P3E 3G5  
Phone/Fax: (705) 674-3171 / (705) 761-2442  
Email: lavallm@rainbowschools.ca

Work Order Number: 347093  
PO #: 706LW1736503  
Regulation: O.Reg. 243/07  
Project #:  
DWS #: 500045787  
Sampled By: Mike Lavallee

Date Order Received: 6/18/2018  
Arrival Temperature: 5 °C

Analysis Started: 6/20/2018  
Analysis Completed: 6/21/2018

## WORK ORDER SUMMARY

ANALYSES WERE PERFORMED ON THE FOLLOWING SAMPLES. THE RESULTS RELATE ONLY TO THE ITEMS TESTED.

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
129-B/F-01 (S)	1352741	Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/17/2018	8:04 AM
129-B/F-01 (F)	1352742	Water	Plumbing		6/17/2018	8:39 AM
129-F-02-A (S)	1352743	Water	Plumbing		6/17/2018	7:55 AM
129-F-02-A (F)	1352744	Water	Plumbing		6/17/2018	8:30 AM
129-F-02-B (S)	1352745	Water	Plumbing		6/17/2018	7:55 AM
129-F-02-B (F)	1352746	Water	Plumbing		6/17/2018	8:30 AM
129-F-03 (S)	1352747	Water	Plumbing		6/17/2018	7:55 AM
129-F-03 (F)	1352748	Water	Plumbing		6/17/2018	8:30 AM
129-T-05 (S)	1352749	Water	Plumbing		6/17/2018	8:03 AM
129-T-05 (F)	1352750	Water	Plumbing		6/17/2018	8:38 AM

## METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Reg. Water (R13.1)	Garson	Determination of Metals in Water by ICP/MS	Modified from SW846-6020A

## REPORT COMMENTS

Sample 1352741 lead exceedance reported. 06/21/18 DC



**TESTMARK Laboratories Ltd.**

*Committed to Quality and Service*

## CERTIFICATE OF ANALYSIS

RDSB - Levack Public School

Work Order Number: 347093

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Levack Public School

Work Order Number: 347093

### WORK ORDER RESULTS

Sample Description	129 - B/F - 01 (S)		129 - B/F - 01 (F)		129 - F - 02 - A (S)		129 - F - 02 - A (F)			
Lab ID	1352741		1352742		1352743		1352744			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	12.3	0.1	4.89	0.1	1.75	0.1	0.42	0.1	ug/L	10

Sample Description	129 - F - 02 - B (S)		129 - F - 02 - B (F)		129 - F - 03 (S)		129 - F - 03 (F)			
Lab ID	1352745		1352746		1352747		1352748			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	2.51	0.1	0.39	0.1	0.83	0.1	0.91	0.1	ug/L	10

Sample Description	129 - T - 05 (S)		129 - T - 05 (F)			
Lab ID	1352749		1352750			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.42	0.1	0.42	0.1	ug/L	10

### LEGEND

Dates: Dates are formatted as mm/dd/year throughout this report.

MDL: Method detection limit or minimum reporting limit.

Quality Control: All associated Quality Control data is available on request.

## DRINKING WATER CHAIN OF CUSTODY FORM

**Please use our General Chain of Custody Form for non-drinking water sample submissions**

REPORT TO:				INVOICE TO: (if different from Report)												PROJECT INFORMATION:											
Client: Levack PS				Client: Rainbow School Board												TM Quote #:											
Address: 100 High Street, Levack, ON P0M 2G0				Address: 408 Wembley Drive Sudbury ON P3E 1P2												Client P.O. #: 706LW1736503											
Contact: Mike Lavallee				Contact: Mike Lavallee												Client Project #:											
Email: lavallm@rainbowschools.ca				Email: lavallm@rainbowschools.ca																							
Phone: 705-929-4787 Fax:				Phone: 705.929.4787 Fax:																							
REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*												LABORATORY USE ONLY											
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail				<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days												WORK ORDER NUMBER:											
QC DATA REPORTED				<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard												347093											
<input type="checkbox"/> Yes <input type="checkbox"/> No																											
SAMPLE DISPOSAL				SPECIFIC DATE: Tues 26																							
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				* Prior arrangements must be made for rush/weekend/holiday work																							
SAMPLING				ANALYSIS REQUESTED																							
DATE (mm-dd-yy)		TIME		Type**				SAMPLE DESCRIPTION (This Will Appear On The Report)		Water Trax # (if appl)		Resample (Yes or No?)		Lead		Free		Total		Containers Received		TEMP		Btl. Type		Lab ID	
R		T		D		P																					
06-17-2018		08:04						129-B/F-01 (S)						X						1		5		1UP		1352741	
06-17-2018		08:39						129-B/F-01 (f)						X						1						1352742	
06-17-2018		07:55						129-F-02-A(S)						X						1						1352743	
06-17-2018		08:30						129-F-02-A (F)						X						1						1352744	
06-17-2018		07:55						129-F-02-B (S)						X						1						1352745	
06-17-2018		08:30						129-F-02-B (F)						X						1						1352746	
06-17-2018		07:55						129-F-03 (S)						X						1						1352747	
06-17-2018		08:30						129-F-03-(F)						X						1						1352748	
06-17-2018		08:03						129-T-05 (S)						X						1						1352749	
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)				REGULATION												Waterworks # 500045787				<input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None							
																<input checked="" type="checkbox"/> O. REG. 243				<input type="checkbox"/> ODWS							
Adverse and Exceedance Notification Information:																LSN Form Submitted to MOE/PHU?				<input type="checkbox"/> Not Applicable							
Name: Mike Lavallee Cell: 705-929-4787																Are these water samples for human consumption?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Phone: Fax:																Are the results reportable as per O. REG. 170/319?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
COMMENTS/FIELD NOTES:				O. REG. 170/319 Only:												Phone:											
				Public Health Unit:												Fax:											
				Relinquished to Testmark By (Signature) [Signature]												Date 06-18-18 Time 1:38											
Sampled by: M. Lavallee				Date 06-17-18 Time 7:55A												Shipped By Hand				Shipping Reference 027032							
Received By Mike Lavallee				Date 6/18/18 Time 1:33												Received at Testmark By [Signature]				Date 6/18/18 Time 1:33							

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • [customer.service@testmark.ca](mailto:customer.service@testmark.ca)

100 Wilson Ave., Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • [timmins@testmark.ca](mailto:timmins@testmark.ca)

6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • mississauga@testmark.ca

1470 Government Road, Kirkland Lake, ON P2N 3J1 • 705-642-3361 (P) • 705-642-3222 (F) • [kirkland.lake@testmark.ca](mailto:kirkland.lake@testmark.ca)

\*\*\* Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 testing.

Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.

CONFIRMATION REPORT  
SENT





**TESTMARK Laboratories**  
Committed to Quality and Service

## DRINKING WATER CHAIN OF CUSTODY FORM

V-TM-DW-201

Page 2 of 2

Please use our General Chain of Custody Form for non-drinking water sample submissions

<b>REPORT TO:</b> Client: <u>Levack PS</u> Address: <u>100 High Street, Levack, ON P0M 2G0</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705-929-4787</u> Fax: _____				<b>INVOICE TO: (if different from Report)</b> Client: <u>Rainbow School Board</u> Address: <u>408 Wembley Drive Sudbury ON P3E 1P2</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705.929.4787</u> Fax: _____				<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: <u>706LW1736503</u> Client Project #: _____																																																																																																																											
<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <b>QC DATA REPORTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard <b>SPECIFIC DATE:</b> <u>Tues 26</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>		<b>ANALYSIS REQUESTED</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Resample (Yes or No?)</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Lead</td> <td colspan="12"></td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Free</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Total</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Residual Chlorine</td> </tr> <tr> <td colspan="12"></td> </tr> </table>						Resample (Yes or No?)	Lead													Free	Total	Residual Chlorine													<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">347093</div>																																																																																												
Resample (Yes or No?)	Lead													Free	Total	Residual Chlorine																																																																																																																			
<b>SAMPLING</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">DATE (mm-dd-yy)</th> <th rowspan="2">TIME</th> <th colspan="4">Type**</th> <th rowspan="2">P</th> <th rowspan="2">SAMPLE DESCRIPTION (This Will Appear On The Report)</th> <th rowspan="2">Water Trax # (if appl)</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> </tr> <tr> <td>06-17-2018</td> <td>08:38</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>129-T-05 (F)</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		DATE (mm-dd-yy)	TIME	Type**				P	SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)	R	T	D	P	06-17-2018	08:38					X	129-T-05 (F)																																																																										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TEMP</th> <th>Btl. Type</th> <th>Lab ID</th> </tr> <tr> <td>1</td> <td>5</td> <td>1UP 1352750</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						TEMP	Btl. Type	Lab ID	1	5	1UP 1352750																								
DATE (mm-dd-yy)	TIME			Type**							P	SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)																																																																																																																						
		R	T	D	P																																																																																																																														
06-17-2018	08:38					X	129-T-05 (F)																																																																																																																												
TEMP	Btl. Type	Lab ID																																																																																																																																	
1	5	1UP 1352750																																																																																																																																	

\*\*Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)

### Adverse and Exceedance Notification Information:

Name: Mike Lavallee Cell: 705-929-4787

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### COMMENTS/FIELD NOTES:

Sampled by: M. Lavallee

Date: 06-17-18

Time: 7:55

Received By Mike Lavallee

Date

Time

REGULATION	Waterworks # <u>500045787</u>	<input type="checkbox"/> O. REG. 170	<input type="checkbox"/> O. REG. 319	<input type="checkbox"/> None
		<input checked="" type="checkbox"/> O. REG. 243	<input type="checkbox"/> ODWS	
	LSN Form Submitted to MOE/PHU?		<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Are these water samples for human consumption?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the results reportable as per O. REG. 170/319?				
O. REG. 170/319 Only:		Phone: _____		
Public Health Unit:		Fax: _____		
Relinquished to Testmark By (Signature) <u>M. Lavallee</u>		Date <u>06-18-18</u>	Time <u>1:38P</u>	
Shipped By		Shipping Reference		
Received at Testmark By		Date <u>06/18/18</u>	Time <u>1336</u>	

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca

100 Wilson Ave., Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • timmins@testmark.ca

6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • mississauga@testmark.ca

1470 Government Road, Kirkland Lake, ON P2N 3J1 • 705-642-3361 (P) • 705-642-3222 (F) • kirkland.lake@testmark.ca

\*\*\* Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 testing.

Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.